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PTO/SB/05

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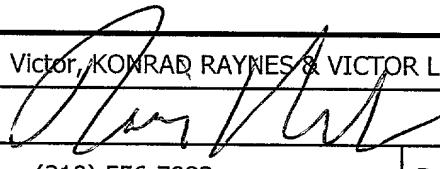
UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.: P5735/45.10 First Inventor: Arieh MARKEL and David BAUTISTA-LLOYD Title: Method, System, and Program for Providing Data Updates to a Page including Multiple Regions of Dynamic Content Express Mail Label No.: EL 821 157 527 US
APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/17)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Pages <u>19</u></p> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed Sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawing(s) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <u>10</u></p> <p>4. <input type="checkbox"/> Oath or Declaration Total Pages <u> </u></p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed b. <input type="checkbox"/> Copy from a prior application <ul style="list-style-type: none"> i. <input type="checkbox"/> Deletion of Inventor(s): Signed statement attached deleting inventor(s) named in the prior application 		<p>5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies <p>ACCOMPANYING APPLICATION PARTS</p> <p>7. <input type="checkbox"/> Assignment papers (cover sheet & documents)</p> <p>8. <input type="checkbox"/> 37 CFR 3.73 (b) Statement</p> <ul style="list-style-type: none"> <input type="checkbox"/> Power of Attorney <p>9. <input type="checkbox"/> English Translation Document</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (PTO-1449)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copies of IDS Citations <p>11. <input type="checkbox"/> Preliminary amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard</p> <p>13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, status still proper and desired</p> <p>14. <input type="checkbox"/> Certified copy of priority document(s)</p> <p>15. <input type="checkbox"/> Other:</p>
<p>16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____</p> <p>Prior application information: Examiner _____ Group/Art Unit _____</p> <p>For Continuation or Divisional Apps only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>		
17. CORRESPONDENCE ADDRESS		
<p><input checked="" type="checkbox"/> Customer Number or Bar Code Label <u>24033</u> or <input type="checkbox"/> Correspondence Address below:</p> <p>Name: KONRAD RAYNES & VICTOR LLP Address: 315 South Beverly Drive, Suite 210 City: Beverly Hills State: California Zip Code: 90212 Country: U.S.A. Telephone: (310) 556-7983 Fax: (310) 556-7984</p> <p>Name (Print/type) <u>David W. Victor</u> Registration No. 39,867 Signature <u> </u> Date <u>4/16/01</u></p>		

FEE TRANSMITTAL		Application Number	not assigned
for FY 2001		Filing Date	April 16, 2001
		First Named Inventor	Markel
		Group Art Unit	not assigned
		Examiner Name	not assigned
Total Amount of Payment: \$710.00		Attorney Docket Number	P5735/45.10

METHOD OF PAYMENT (check one)		FEES CALCULATION (continued)																																																	
<p>1. The Commissioner is hereby authorized to charge the indicated fees and/or credit any overpayments to Deposit Account Number: 50-0585 Deposit Account Name: <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		<p>3. ADDITIONAL FEES (large entity)</p> <table> <tr><td><input type="checkbox"/> Surcharge - late filing fee or oath</td><td>\$130</td></tr> <tr><td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</td><td>\$50</td></tr> <tr><td><input type="checkbox"/> Non-English specification</td><td>\$130</td></tr> <tr><td><input type="checkbox"/> International type search report</td><td>\$40</td></tr> <tr><td><input type="checkbox"/> Requesting publication of SIR prior to action</td><td>\$920</td></tr> <tr><td><input type="checkbox"/> Requesting publication of SIR after action</td><td>\$1840</td></tr> <tr><td><input type="checkbox"/> Extension for reply - first month</td><td>\$110</td></tr> <tr><td><input type="checkbox"/> Extension for reply - second month</td><td>\$300</td></tr> <tr><td><input type="checkbox"/> Extension for reply - third month</td><td>\$890</td></tr> <tr><td><input type="checkbox"/> Extension for reply - fourth month</td><td>\$1390</td></tr> <tr><td><input type="checkbox"/> Extension for reply - fifth month</td><td>\$1890</td></tr> <tr><td><input type="checkbox"/> Notice of Appeal</td><td>\$310</td></tr> <tr><td><input type="checkbox"/> Brief in Support of Appeal</td><td>\$310</td></tr> <tr><td><input type="checkbox"/> Request for Oral Hearing</td><td>\$270</td></tr> <tr><td><input type="checkbox"/> Utility issue fee</td><td>\$1240</td></tr> <tr><td><input type="checkbox"/> Petition to revive (unavoidable)</td><td>\$110</td></tr> <tr><td><input type="checkbox"/> Petition to revive (unintentional)</td><td>\$1240</td></tr> <tr><td><input type="checkbox"/> Petitions to the Commissioner</td><td>\$130</td></tr> <tr><td><input type="checkbox"/> Petitions related to provisional applications</td><td>\$50</td></tr> <tr><td><input type="checkbox"/> Submission of Information Disclosure Statement</td><td>\$180</td></tr> <tr><td><input type="checkbox"/> Recordation of Assignment</td><td>\$40</td></tr> <tr><td><input type="checkbox"/> Submission after final (37 CFR 1.129(a))</td><td>\$710</td></tr> <tr><td><input type="checkbox"/> Request for Continued Examination (RCE)</td><td>\$710</td></tr> <tr><td><input type="checkbox"/> Other:</td><td></td></tr> </table>		<input type="checkbox"/> Surcharge - late filing fee or oath	\$130	<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$50	<input type="checkbox"/> Non-English specification	\$130	<input type="checkbox"/> International type search report	\$40	<input type="checkbox"/> Requesting publication of SIR prior to action	\$920	<input type="checkbox"/> Requesting publication of SIR after action	\$1840	<input type="checkbox"/> Extension for reply - first month	\$110	<input type="checkbox"/> Extension for reply - second month	\$300	<input type="checkbox"/> Extension for reply - third month	\$890	<input type="checkbox"/> Extension for reply - fourth month	\$1390	<input type="checkbox"/> Extension for reply - fifth month	\$1890	<input type="checkbox"/> Notice of Appeal	\$310	<input type="checkbox"/> Brief in Support of Appeal	\$310	<input type="checkbox"/> Request for Oral Hearing	\$270	<input type="checkbox"/> Utility issue fee	\$1240	<input type="checkbox"/> Petition to revive (unavoidable)	\$110	<input type="checkbox"/> Petition to revive (unintentional)	\$1240	<input type="checkbox"/> Petitions to the Commissioner	\$130	<input type="checkbox"/> Petitions related to provisional applications	\$50	<input type="checkbox"/> Submission of Information Disclosure Statement	\$180	<input type="checkbox"/> Recordation of Assignment	\$40	<input type="checkbox"/> Submission after final (37 CFR 1.129(a))	\$710	<input type="checkbox"/> Request for Continued Examination (RCE)	\$710	<input type="checkbox"/> Other:	
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<p>FEE CALCULATION</p> <p>1. BASIC FILING FEE Utility Filing Fee: Large Entity Fee Code 101</p>		\$710.00																																																	
Fee Submitted: \$ _____																																																			
<p>2. EXTRA CLAIM FEES Total Claims <u>3</u> - 20* x \$18 = \$ _____ Independent Claims <u>1</u> - 3* x \$80 = \$ _____ Multiple Dependent \$270</p>																																																			
SUBTOTAL \$ <u>710.00</u>		SUBTOTAL \$ _____																																																	

*(or number previously paid for)

Submitted by:

Firm or Individual Name:	David W. Victor, KONRAD RAYNES & VICTOR LLP Cust. No. 24033	
Signature:	 4/16/01	
Reg. No: 39,867	Telephone: (310) 556-7983	Date: 4/16/01